Signature

| Request For Continued Examination (RCE) Transmittal Idress to: all Stop RCE mmissioner for Patents 0. Box 1450 Examdria, VA 22313-1450 | Application Number | 10/070,006 |
|---|------------------------|------------------------|
| | Filing Date | February 28, 2002 |
| | First Named Inventor | Gilbert Wolrich et al. |
| | Group Art Unit | 2189 |
| | Examiner Name | Behzad Peikari |
| | Attorney Docket Number | 10559-302US1 |

Submission required under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously filed unentered amendments and

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not be submitted to the USPTO) on page 2.

| | applicant does not wish to have any previously filed unentered amendment(s) entered, applicant amendment(s) | must request non-entry of such | | | |
|--|--|--------------------------------|--|--|--|
| | Previously submitted. If a final Office action is outstanding, any amendment filed after the final Office action may be considered as a submission even if this box is not checked. | | | | |
| | i. | | | | |
| | b. 🗵 Enclosed | | | | |
| | i. Amendment/Reply iii. 🛭 Information I | Disclosure Statement (IDS) | | | |
| | ii. | _ | | | |
| | Suspension of action on the above-identified application is requested under 37 C.F.R. §1.10 period of months. (Period of suspension shall not exceed 3 months; Fee under 37 (b Other | C.F.R. §1.17(i) required) | | | |
| 3. | 3. Fee The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to | | | | |
| Deposit Account No. <u>06-1050</u> | | | | | |
| | i. 🛛 RCE fee required under 37 CFR 1.17(e) | | | | |
| | ii. Extension of time fee (37 CFR 1.136 and 1.17) | | | | |
| | iii. Other Any deficiencies | | | | |
| | b. Check in the amount of \$ enclosed | | | | |
| _ | c. Payment by credit card (Form PTO-2038 enclosed) | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | | | |
| Name (Print/Type) Ido Rabinonfitch / Registration No. (Attorney/Agent) L0080 | | | | | |

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